

11 CV. 4952

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UMAR ALLI

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

CAROL STEVEN J. BORDEN

CHIEF, NEW YORK PRISON

40-121232

HEALTH CARE PROVIDER

PRISON HEALTH SERVICES

KATHLEEN MUIVEY

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

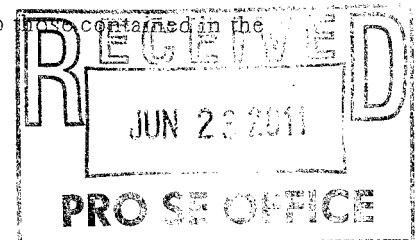
(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name UMAR ALLI
 ID # 100-10747
 Current Institution NEW YORK PRISON
 Address 40-121232

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.



Defendant No. 1. Name L. Steward-Bowden Shield # 1325
 Where Currently Employed _____
 Address _____
East 1st

Defendant No. 2. Name Victor Shield # 14410
 Where Currently Employed _____
 Address _____
East 1st

Defendant No. 3. Name Aiceus Shield # 18380
 Where Currently Employed _____
 Address _____
East 1st

Defendant No. 4. Name Dixon Shield # 17963
 Where Currently Employed _____
 Address 07-01 Henson St
East 1st

Defendant No. 5. Name Arkhurst Shield # 18507
 Where Currently Employed _____
 Address 07-09 Henson St
East 1st

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? George A Verno
Center Prisoner Island 11A 34 Cell and The Mail Shop

B. Where in the institution did the events giving rise to your claim(s) occur? _____
11A 34 Cell and mail shop outside 11 building.

C. What date and approximate time did the events giving rise to your claim(s) occur? Mar 21
5th 2011 10:50 PM

Defendant NO. 6 Name Kathleen Mulvey Shield.
Where currently employed George R. Verno Center
Address, 09-09 Hazen St,
East Elmhurst, 11370

Defendant No. 7 Prison Health Services

Defendant No. 8 Health Care Provider

D. Facts: On May 5th 2011 I was assaulted and battered. I wasn't assaultive or violent. This incident took place in my cell at the Island C.F. Jail. The day after called I filed a complaint with the Sheriff's Office. The Sheriff's Office failed to cover the attack and I did not enter the mini clinic. Yet the camera shows the truth. Officers Arnhurst, Dixon, Alceus, and Victor punched, kicked, shoved and knelt me in my cell. Screaming death threats saying they "will kill me". "I better respect their program" you think you can get away with fighting, snitching, being a smart mouth and writing complaints to the warden. Captain Steward-Bowden watched and told Officers to hit me harder and stated fuck up that bitch. Inmates screamed for officers to stop. They then turned off my cell lights so no one can see. I begged for my life and for the abuse to stop. They told me I deserve it and shut up. Captain Steward-Bowden told officers to escort me from my cell because they were inside too long. At 10:59 PM Officers Alceus, Dixon and Arnhurst along with Captain Steward-Bowden escorted me to the mini clinic. Each officer took turns punching, kicking, stomping and kneeling me while I was cuffed. Everytime I fell officers picked me up and repeatedly struck my face, back, and ribs saying we gone beat you until we break something on you. Captain Steward-Bowden watched saying oh good shot but don't hit him in the face. Before exiting the mini clinic Captain Steward-Bowden slapped me with a razor like object in her hand, leaving cuts on both sides of my face. From the mini clinic I was escorted to main intake bare footed. As I walked officers twisted my hands and wrists saying scream like the bitch you are, and you better not tell the doctor you have injuries or we'll kill you. When arriving the main clinic for medical treatment, the doctor refused to write all my visual and non visual injuries. He also didn't issue any pain medication despite my known condition. I daily made complaints to officers and sick call of inadequate medical treatment. From May 5th assault I was seen by doctor on May 23rd when most of my injuries were unseeable.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I suffered extreme psychological, physical, mental and emotional pain. This event was traumatic causing nightmares and phobia. This incident increased my depression. I am in despair. Physically I received bruises on my arms, legs, face, wrist and head. I suffered permanent damage to my eye and ear. Blurred vision decreased hearing ability pain and discomfort to back. Abrasion to rib cage and swelling, knob around head and behind right ear and swollen eye.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Rikers Island George B. Verno center

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

George B. Verno Center, Board of Corrections, Prisoners rights Project, Warden

1. Which claim(s) in this complaint did you grieve? I grieved all claims in the complaint

2. What was the result, if any? NO results

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Article 78, Board of Corrections, Dept of Corrections, Prisoners rights Project, Warden of G.B.V.C and inspector general

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: _____

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I had my family and attorney contact Board Of Corrections Dept Of Corrections and Inspector General -

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I'm requesting all the below reliefs in the defendants Official and Individual Capacity. Requesting a injunction of temporary restraining order because I have high chances to suffer imminent and irreparable injury. Compensatory/Monetary compensation damages for cruel and Unusual Punishment and Physical injuries as a result to defendants malicious and sadistic excessive use of force and deliberate indifference to assault and battery. Compensatory damages for Permanent disabilities, Pain and Suffering mentally and emotionally and trauma. Punitive damages for defendants acting with evil motive and intent to cause harm. As well as injunctive relief because this is not a single isolated incident and may suffer future harm. With all consideration to the above stated I'm requesting 10 million dollars.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 24th day of June, 2011.

Signature of Plaintiff

Inmate Number

Institution Address

[Signature]

241-10-07470

George B. Vlenro Center

09-09 Hazen St

East Elmhurst, 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 24th day of June, 2011, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

[Signature]